

DEPARTMENT OF GENERAL SERVICES
Records Management Division

SCHEDULE
NO. C-588

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RECORDS RETENTION AND DISPOSAL SCHEDULE

Wicomico County Detention Center		Medical
AGENCY		DIVISION
Item No.	Description	Retention
1	<p><u>INMATE MEDICAL CHART</u></p> <p>A. Size: 8½ x 11</p> <p>B. File arrangement (external): Alphabetical by name of inmate and year.</p> <p>C. Contents:</p> <p>1) All charts include:</p> <p>a) <u>Medical Record form</u> 8½ x 11 This is a 2-sided checklist for history of medical problems and assessment of the inmate including blood pressure and pulse. There is a section for use by the physician for inmate's physical examination.</p> <p>2) Charts may also include any of the following:</p> <p>a) <u>Progress notes</u> 8½ x 11 Includes dates and notes written by the physician or nurse.</p> <p>b) <u>Lab/X-ray reports</u> Various sizes Reports received from other facilities.</p> <p>c) <u>Consultation reports</u> Various sizes Reports from other physicians.</p> <p>d) <u>AIDS Counseling form</u> 8½ x 11 Includes inmate's signature for acceptance or refusal of counseling, nurse's signature, and date.</p> <p>e) <u>AIDS Informed Consent form</u> 8½ x 11 Describes WCDC's policy to screen for AIDS virus. Lists nurse's signature, date, and inmate's signature for acceptance or refusal of the blood test.</p> <p>f) <u>Medical Records</u> Various sizes Records from other facilities.</p>	Micro-filmed and records destroyed after 7 years.

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6/30/87 *John W. Warkley* Director
Date Signature Title

7/4/87 *Edward C. Gr...* State Archivist
Date Signature Title

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1	<p>Continued....</p> <p>g) <u>Medication Kardexes</u> 4 x 5 Inmate's kardexes listing medication ordered by physician, dose, frequency, date, and inmate's name. Current kardexes are kept in kardex binder. Non-current kardexes are filed in inmates medical chart.</p> <p>h) <u>Tuberculin PPD Test Form</u> 3½ x 3 Lists inmate's name, questions about history of TB, date test given, location, date test read, and results.</p> <p>i) <u>Physician Certificate</u> 8½ x 11 Includes general information about inmate (ie. name, address, etc.), current medications, date and signature of physician.</p> <p>j) <u>Pre-release Screening Form</u> 8½ x 11 Lists inmate's name, date of release, current medical problem(s), a checklist of agencies for inmate to contact, supervisor's signature, and inmate's signature. A space is also provided for nurse to fill out when a prescription is called in including medication called in, nurse's signature and date.</p> <p>k) <u>Referral Form</u> 8½ x 11 Lists date, inmate's name, DOB, SS number, date of and reason for arrest, treatment by physician, reason for referral, signature of Warden, and date signed.</p> <p>l) <u>Refusal of Medical Treatment Form</u> Includes date, inmate's name, what is being refused and by whom, inmate's signature, and officer/witness' signature.</p>	

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6/30/81

Date

John W. Welch

Signature

6/30/81

Title

7/4/81

Date

Shaw

State Archivist

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1	<p>Continued....</p> <p>D. File arrangement (internal)</p> <ol style="list-style-type: none"> 1) <u>Progress notes</u> - on top (most current sheet first) 2) <u>Medical Record</u> - under progress notes 3) <u>Lab/X-ray/Consultation</u> reports - under medical record form (most recent report on top) 4) <u>All other papers</u> - in any order, under lab reports. <p>***NOTE*** Inmates who are released before they have a physical exam are not put in a chart folder and are filed in front of chart folders. (ie. inmate with a name beginning with "B" will be placed in the "B" section in front of all charts in that section.</p>	
2	<p><u>STOCK PRESCRIPTION MEDICATIONS FORM</u> 8½ x 11</p> <p>Each page lists name and dose of medication, lot number, and expiration date. An entry is made each time a medication is ordered, prescribed, recycled, or discarded. The date of entry, name of inmate or reason for destruction and current number of stock medication are listed.</p>	Micro-filmed and forms destroyed after 7 years

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6/30/87 John W. Delaney Director
Signature Title

7/4/87 Edward L. [Signature]
Date State Archivist

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3	<u>OTC MEDICATION INVENTORY FORM</u> 8½ x 11 Each page lists name of over-the-counter medication. An entry is made when the medication is ordered and when the medication cart is stocked. The date of entry, size of package, number ordered, cost, number out to medication cart, and current number of stock medication are listed.	Micro-filmed and forms destroyed after 7 years.
4	<u>MEDICATION DESTRUCTION INVENTORY FORM</u> 8½ x 11 Lists date, name of medication destroyed, number discarded, reason, and 3 witnesses. Method of destruction is written at the top of the page.	Micro-filmed and forms destroyed after 7 years.
5	<u>STOCK INVENTORY OF PRESCRIPTION & OTC MEDICATIONS FORM</u> 8½ x 11 Lists date of inventory, whether there is a discrepancy or not, explanation and 3 witnesses.	Micro-filmed and forms destroyed after 7 years.
6	<u>OTC MEDICATION SIGN OUT SHEET</u> 8½ x 11 Lists date and time given, 21 commonly used OTC medications, inmate's name, officer's signature, and a section at the bottom of the page for OTC medications given that were not included in the list of 21.	Micro-filmed and forms destroyed after 7 years.
7	<u>MEDICATION LOG SHEET</u> 4½ x 5½ Lists month, year, name of inmate, name, dose, and frequency of medication. Officer signs when medication is offered. Inmate signs that he has received or refused medication.	Micro-filmed and forms destroyed after 7 years.

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Hall of Records Commission6/30/87 John W. Welch, Director
Date Signature Title7/4/87 [Signature]
Date Signature Title

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8	<u>SYRINGE WITH NEEDLE INVENTORY FORM</u> 8½ x 11 Lists type and size of needle, date used, number of stock syringes ordered, number used, number discarded, reason and current number of stock. Method of destruction is written at top of page.	Forms destroyed after 7 years.
9	<u>INMATE ON SERAX PROTOCOL MEMO</u> 8½ x 11 This form reminds shifts that an inmate is receiving Serax medication that is given around the clock. Form includes inmate's name and frequency Serax is to be given for a designated time period.	Destroyed upon completion.
10	<u>INMATE ON PREDNISONE MEMO</u> 8½ x 11 Lists inmate's name and times/dates Prednisone is to be given	Destroyed upon completion.
11	<u>MEDICAL SUPPLIES FORM</u> 8½ x 11 Lists sate, item, size, quantity and cost.	Forms destroyed annually.
12	<u>AUTHORIZATION RELEASE FORM</u> 8½ x 11 Includes date, consent to authorize release of records, inmate's name, address, SS number, inmates's signature, and special reports requested.	Retain in office 7 years; microfilm and destroy. Microfilm retained permanently.
13	<u>DETAINER</u> 8½ x 11 Form sent to Eastern Shore State Hospital with inmate to be evaluated stating that he must be returned to WCDC. This is signed by a detention officer and nurse/physician.	Retain in office 7 years; microfilm and destroy. Microfilm retained permanently.
14	<u>DIET SLIP</u> 2 x 5 Includes inmate's name, date, and type of diet.	Retain in office 7 years; microfilm and destroy. Microfilm retained permanently.

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Hall of Records Commission6/30/87 *John W. Welch* Director
Date Signature Title7/4/87 *Edward J. [Signature]*
Date State Archivist

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15	<u>INVENTORY OF FIRST AID KITS</u> 8½ x 11 Lists date, location of first aid kit, nurse's signature, and whether kit was OK or restocked.	Micro-filmed and forms destroyed after 7 years.
16	<u>INITIAL LIST FOR SICK CALL</u> 8½ x 11 Lists date, inmate's name, and complaint. There is also a section to list inmates who are to receive a physical examination.	Micro-filmed and forms destroyed after 7 years.
17	<u>PERSONAL HEALTH HISTORY RECORD</u> 8½ x 11 Top section is general information and a checklist of past and present medical problems for employee to fill out. The bottom section is the physician checklist for the physical examination.	Micro-filmed and forms destroyed after 7 years.
18	<u>MEDICAL CLEARANCE FORM FOR KITCHEN DUTY</u> 8½ x 11 This form is filled out for any inmate or employee working in the WCDC kitchen. It lists name, date, nurse's signature, and states that medical clearance has been given.	Micro-filmed and forms destroyed after 7 years.
19	<u>NPO SLIP</u> 2 x 5 Lists date, name of inmate, test scheduled, and states that patient is to have nothing to eat or drink after midnite.	Destroyed upon completion.
20	<u>NURSES ORDERS</u> 8½ x 11 Lists date, name of inmate, order, and supervisor's signature.	Micro-filmed and forms destroyed after 7 years.

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6/30/87 *John W. Kelly* Director
Date Signature Title

7/4/87 *Shirley* State Archivist
Date Signature

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21	<p><u>GYN CLINIC REFERRAL FORM</u> 8½ x 11</p> <p>Lists name, age, SS number, address, phone number of inmate. Also includes diagnosis, reason for referral, and physician's signature.</p>	Retain in office 7 years; microfilm and destroy. Microfilm retained permanently.
22	<p><u>PREGNANCY CLINIC APPT. INFORMATION</u> 8½ x 11</p> <p>Includes inmate's name, SS number, medical assistance?, marital status, name of relative, LMP, number of premature births, number of miscarriages, number of fetal deaths or still births, number of abortions, number of children.</p>	Retain in office 7 years; microfilm and destroy. Microfilm retained permanently.
23	<p><u>INMATE TRANSPORTS FORM</u> 8½ x 11</p> <p>Includes date, inmate's name, destination, time, charges, and bond.</p>	Retain in office 7 years; microfilm and destroy. Microfilm retained permanently.

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6/30/82 John W. Welsch Director
Signature Title

7/4/82 E. Swalef
Date State Archivist